U.S. Department of Labor Offise of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
A R. A READ THE INSTRUCTIONS CAREF	ULLY BEFORE PREPARING THIS REPORT.
E MS-52775	
100	0 Finally 0
1. File Number U - 2/02 8	2. Fiscal Year Covered From:
	01 /01 /04 Through: 12 / 31 / 04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Bryan Edwards	Name pipe Fitters Local Union No. 211
	Labor Organizațion File Number 039301
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2535 Old Galveston Road	Street 2535 Old Galveston Road
City Houston	City Houston
State Texas ZIP Code + 4 77017	State Texas ZIP Code + 4 77017
5. Position in labor organization. Eusiness Agent	
Enter appropriate data below If, during the past fiscal year, you or your s	pouse or minor child directly or indirectly had any of the following interests
Enter appropriate data below If, during the past fiscal year, you or your s	clusions set forth in the instructions):  or derived income or other economic benefit of
Enter appropriate data below if, during the past fiscal year, you or your s (e ccept as specified in the ex A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz	clusions set forth in the instructions):  or derived income or other economic benefit of
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13.a. Name and address of Employer or Labor Re ations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, 8fdg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13 b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

or from any labor relations consultant to	an employer any paymer	nt of mone	y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13 b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.